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## ABSTRACT

This Kids Count report details statewide trends in the well-being of Arkansas' children. The report's introduction discusses factors contributing to the need for increased attention to children and families, what voters think about issues affecting children and families, the collection of data, and federal spending in Arkansas. The subsequent statistical portrait is based on the following areas of children's well-being: family life; hunger and nutrition; health and safety; juvenile justice; child welfare; and education. Information and data vary by specific indicator but can include: comparative data going back as far as the mid-1960s, county information and comparisons, and state versus national comparisons. Specific indicators detailed are: (1) child populations; (2) unemployment; (3) poverty rates; (4) average income; (5) single parent households; (6) divorce rates; (7) school lunch and breakfast participation rates; (8) WIC caseloads; (9) summer food program participation rates; (10) infant mortality; (11) low birth weight rates; (12) immunization rates; (13) births to unmarried teens; (14) children killed or injured in car accidents; (15) child death rates; (16) teen death rates; (17) juvenile arrests; (18) youth held in jails and detention facilities; (19) delinquency; (20) juvenile cases filed in adult courts; (21) child abuse and neglect; (22) children in foster care; (23) adoption; (24) per pupil spending; (25) public school, private school, and home school enrollment; (26) Head Start enrollment; (27) Pre-K programs; (28) pupil-teacher ratios; and (29) corporal punishment. The report concludes w/county-by-county rates of health indicators for the state. (SD)



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**"Life affords no greater responsibility,  
no greater privilege than raising**

**The Next Generation."**

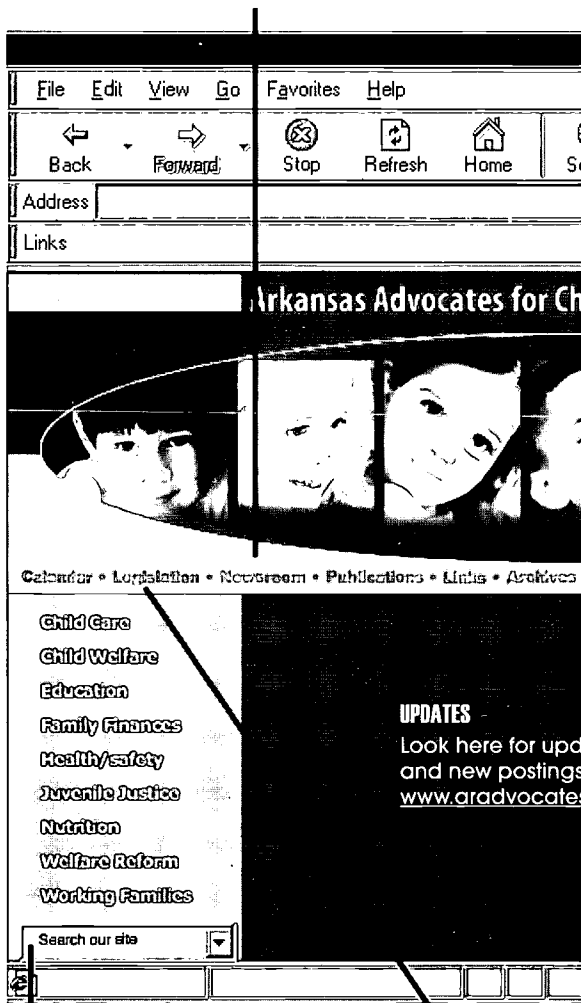
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**A Special Report by  
Arkansas Advocates for Children & Families**

**"Life affords no greater responsibility,  
no greater privilege than raising**

**The Next Generation."**

*C. Everett Koop*

**March 2001**

**Funding provided by the Kids Count project,  
a national initiative  
of the Annie E. Casey Foundation**



# **Kids Count 01**



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*"Arkansas' children are entitled to grow up in a family; are entitled to a safe and stable home; have a right to grow up healthy; and are entitled to an education."*



## THE NEXT GENERATION

Arkansas Advocates for Children & Families has never wavered from that belief — not since 1977 when a group of men and women from across the state founded one of the South's first child advocacy groups. Every fight that AACF takes on, every piece of data we collect and analyze, and every public policy we tackle is rooted in a child's right to a family, home, healthy start and education.

The following pages are the result of two years of research by AACF to provide the public and policy-makers with a vast amount of information about Arkansas' children. This data is collected from a wide variety of local and national sources, and spans several decades.

Unfortunately, what you will find in these pages is disappointing news about our children. Historically, Arkansas has not invested enough in the well-being of its children and families:

- ◆ education spending lags behind the national average;
- ◆ child care programs are few and far between;
- ◆ welfare reform pushed many families into work without appropriate training, and left them without access to child

- ◆ care or transportation; and  
◆ the list goes on.

Arkansas Advocates, along with many other nonprofit organizations around the state, work to improve these conditions every day. We work to protect children because they cannot protect themselves and have no control over their situations. As advocates, we develop new public policies; have conversations with policy-makers and state agency officials; monitor those systems and services supporting children and their families; research and analyze the data; create new programs; ask families what they need; and lobby lawmakers for children. It's not enough.

All Arkansans have a responsibility to all the children living in this state. National and state polls — including our own — show repeatedly that children are the voting public's No. 1 concern, yet children continue to fall through the cracks of federal, state and local governments. As the statistics in this book show, caring for a child is not an individual responsibility — it is a social responsibility that we all must accept.

Children have no voice in the making of laws; children have no voice in the election of lawmakers; children have no voice in their familial situations; children have no control over their parents' incomes. Yet, children suffer for adult problems each and every time their families' needs are ignored. Thousands of children are at risk in Arkansas.

But each of us can prevent bad outcomes for children. First, we must recognize when children's rights are being violated. Recognize when the state and community are not providing children with the opportunities they need to lead productive lives. Recognize that it is not the children's fault.

Then, become an advocate. Use the information in this publication, other publications and on the Internet to learn about the needs of children. Educate yourself about the realities of children's lives in this state.

Last, speak out on behalf of all the children living in your community. Fight for children's rights to good health, good education, and opportunities. Use the information you've gathered and speak to your elected representatives. Make them aware that your interest is children. Expect them to take on a child-friendly position every time they cast a vote.

This is what AACF does every day. This organization is dedicated to improving the opportunities for children in this state. We need more allies to defend our children, and we must continue to increase the number of Arkansans who are willing to speak out.

*"Life affords no greater responsibility, no greater privilege than raising the next generation."*

C. Everett Koop





**WHAT VOTERS THINK  
ABOUT ISSUES  
IMPACTING CHILDREN  
AND FAMILIES**

**A** group of five organizations — the Arkansas Kids Count Coalition, Arkansas Advocates for Children & Families, the Good Faith Fund, the Arkansas Public Health Association, and the Pulaski County Medical Society — recently commissioned a poll of the state's registered voters about critical issues impacting families. The sample, which included 402 registered voters statewide, had a margin of error of plus or minus 5 percentage points and a confidence level of 95 percent. Opinion Research Associates Inc. conducted the poll in January 2001.

**Support for Programs that Help Children**

58% of Arkansas voters think the state of Arkansas does too little for programs that help children. 27% think the state does enough, while only 1% think the state does too much.

**Support for Quality Child Care**

Respondents voiced strong support for a strong government role in making quality child care available to families.

- ◆ 77% believe government should provide financial assistance with child care expenses even if it means an increase in their taxes.
- ◆ Voters support increases in taxes to pay for the expansion of affordable, quality child care for working families:
  - ✓ 86% support an increase in alcoholic beverage taxes.
  - ✓ 81% support an increase in a tax on tobacco products.

- ✓ 66% support an increase in severance taxes.
- ✓ 57% support an increase in corporate income taxes.

### **Support for Health Care**

Voters support a strong government role in ensuring that health care is available to the state's children and families.

- ◆ 85% believe government should provide help with health insurance costs even if it means an increase in their taxes.
- ◆ 66% would be less likely to vote for their senator or representative if they voted against increased funding for health care.
- ◆ 83% support increasing the amount of money the state spends on school nurses to ensure that every student has access to health care at school.
- ◆ 94% would support increasing the amount of money the state spends on services for the elderly in the community — such as “Meals on Wheels” — in order to keep the elderly from having to go to a nursing home.

### **Support for Education**

Voters favor a strong government role in ensuring quality education for the state's citizens and leaders of tomorrow.

- ◆ 85% believe government should increase

funding for K-12 public education even if it means an increase in their taxes.

- ◆ 64% would be less likely to vote for their senator or representative if they voted against increased funding for education.
- ◆ 79% support helping students and families with higher education expenses even if it means an increase in their taxes.

### **Income Support for Low-Income Families**

Voters recognize the major economic obstacles faced by low-income families and support a government role in helping families meet the basic needs of their children.

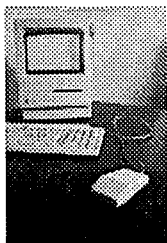
- ◆ 83% favor increasing the minimum wage, even if it means an increase in their taxes. Only 15% oppose an increase in the minimum wage if it means an increase in their taxes.
- ◆ 67% think families with incomes below \$17,000 a year (an amount close to the federal poverty line) should be exempt from state and local taxes.
- ◆ 46% believe that the sales tax is the state/local tax that takes up the largest share of their income during the course of the year. In contrast, only 25% think the property tax takes up the largest share of their income, while only 22% believe the state income tax does so.
- ◆ 42% of voters believe that it takes a family of four between \$25,000 and \$35,000 in

annual income to make ends meet and maintain a decent standard of living. 27% think it takes between \$35,000 and \$45,000 in income; 16% think it takes more than \$45,000 a year. Only 12% believe a family of four can make it on an annual income less than \$25,000 a year.

### **Tobacco and Smoking-Related Issues**

Voters recognize the dangers posed by smoking and support increased tobacco taxes to pay for services that support families.

- ◆ 77% would support a ban on smoking in all Arkansas restaurants. Only 21% would oppose such a ban.
- ◆ 81% favor increased taxes on tobacco products to pay for expanding the availability of affordable, quality child care.
- ◆ 71% would support an increase of 11% in additional sales taxes on cigarettes.
- ◆ Only 16% would be less likely to vote for their senator or representative if he or she voted to raise the sales tax on cigarettes by an additional 11%.



### **THE COLLECTION OF DATA ON CHILD WELL-BEING**

**A** major challenge in producing a publication on child well-being is obtaining quality data on children.

While data collection and retrieval systems have improved dramatically in recent years, limitations do exist. These include the completeness, accuracy and timeliness of the reporting; errors in coding and keypunching; and the variation in reporting and coding from multiple sources.

Major limitations in existing state data systems continue to impede efforts to track and improve child well-being. Among the obstacles:

- ◆ Child well-being is usually not a focus of state data collection and reporting systems;
- ◆ Lack of agreement across state agencies, and in many cases even within the same agency, as to the key indicators that should be tracked on a regular basis;
- ◆ Much of the data that is collected is not made available to the public in the form of regular and widely available reports;
- ◆ Lack of knowledge among state agency personnel about the availability of data collected within their own agencies;
- ◆ Incompatible hardware and software platforms that make data sharing and

analysis of child well-being data across state agencies difficult, if not impossible; and

- ◆ Many state agencies are unsure how to use existing data on child well-being to improve the effectiveness of agency operations designed to help children and families.

These obstacles are not new and are common across data systems nationwide. Moreover, state agencies are working hard to improve their data collection and reporting systems.

Many state offices have made major progress in their response to data requests from outside organizations. In addition, there are several state agency initiatives underway — such as the implementation of the Arkansas Administrative Statewide Information System, a joint initiative of the Department of Finance and Administration, the Department of Information Systems, the Arkansas Legislative Council and others — to improve the effectiveness of state data systems in tracking agency operations.

As part of welfare reform, the 1999 Arkansas General Assembly adopted new legislation requiring regular reporting on indicators of the well-being of children in current TEA (Transitional Employment Assistance) families. The legislation also re-

quired a longitudinal survey to monitor the well-being of families who have left the TEA program.

Act 848 of 1999 created a Coordinating Council for Integrated Information Systems. This council creates and maintains integrated justice information processing with accurate, complete and timely data on individuals and events to promote and support the effective administration of justice in a cost-effective manner. The council's objectives include:

- ◆ Capturing justice data at the source event;
- ◆ reducing or eliminating redundant collection and data entry;
- ◆ Enhancing inter-agency access to adult and juvenile justice data; and
- ◆ Encouraging the sharing of information technology infrastructure and communication systems.

In time, such initiatives should yield better information about state agency programs that impact the well-being of children and families. A concentrated and coordinated effort, however, must be made to ensure that such initiatives track key indicators that measure the well-being of children and families, rather than those agency indicators that are easiest to track and monitor.

**O**ver \$13.6 billion in federal funds are expended annually in Arkansas. Federal funds are spent on a variety of purposes:

- ◆ Retirement and disability, such as Social Security payments, federal retirement and disability benefits, and veterans' benefits;
- ◆ Direct payments to individuals other than retirement and disability, such as Medicare, refundable earned income tax credits, unemployment compensations, Food Stamps, housing assistance and agricultural assistance;
- ◆ Formula and project grants for research, training, evaluation, technical assistance, planning and construction;
- ◆ Spending by federal agencies for procurement and salaries; and
- ◆ Spending through direct loans, guaranteed loans, and insurance. Two notable examples include student loans and national flood insurance.



**The federal  
government spends  
\$13.6 billion a year  
in Arkansas.**

Counties vary in the benefits they share from these federal expenditures, depending on the location of federal agencies; the characteristics of their populations (counties with poorer populations are more likely to benefit from public assistance programs); the level of business activity (counties with high levels of business activity are often more likely to benefit from federal subsidies on direct loans and guaranteed loans); and the location of firms that contract with the federal government.

In fiscal year 1999, federal expenditures varied from a low of \$29.7 million in Calhoun County to a high of \$2.6 billion in Pulaski County. On a per capita basis, Saline County



had the lowest federal expenditures at \$2,234, compared to Woodruff County at \$10,221.

While federal spending benefits the citizens of a county in many ways (i.e., through employment or higher income), it is difficult to know the extent to which such spending benefits children, especially those in low-income families. The reason? Accurate estimates of federal spending on children in each county do not exist. It is impossible to know, at least with reasonable certainty, how much federal funding goes to each county. The lack of data on resources only further increases the need to improve the tracking and reporting of local indicators of child well-being.

<b>Federal Spending in Arkansas, 1988</b>			
	<b>Population</b>	<b>Total Federal Funds</b>	<b>Per Capita Federal Funds</b>
<b>Arkansas</b>	20,717	\$148,003,000	\$7,144
<b>Ashley</b>	24,287	\$129,732,000	\$5,342
<b>Baxter</b>	36,664	\$213,696,000	\$5,828
<b>Benton</b>	138,424	\$448,504,000	\$3,240
<b>Boone</b>	31,846	\$147,923,000	\$4,645
<b>Bradley</b>	11,409	\$70,409,000	\$6,171
<b>Calhoun</b>	5,657	\$29,676,000	\$5,246
<b>Carroll</b>	22,516	\$86,761,000	\$3,853
<b>Chicot</b>	14,858	\$103,345,000	\$6,956
<b>Clark</b>	21,403	\$99,266,000	\$4,638
<b>Clay</b>	17,025	\$118,623,000	\$6,968
<b>Cleburne</b>	23,296	\$114,185,000	\$4,901
<b>Cleveland</b>	8,558	\$31,926,000	\$3,731
<b>Columbia</b>	24,686	\$123,427,000	\$5,000
<b>Conway</b>	19,856	\$98,343,000	\$4,953

# FEDERAL SPENDING IN ARKANSAS

Craighead	77,668	\$301,154,000	\$3,877
Crawford	51,409	\$177,150,000	\$3,446
Crittendon	50,138	\$234,275,000	\$4,673
Cross	19,302	\$116,640,000	\$6,043
Dallas	8,920	\$45,635,000	\$5,116
Desha	14,855	\$130,344,000	\$8,774
Drew	17,449	\$92,025,000	\$5,274
Faulkner	80,034	\$256,722,000	\$3,208
Franklin	16,801	\$85,571,000	\$5,093
Fulton	11,019	\$51,603,000	\$4,683
Garland	84,475	\$490,608,000	\$5,808
Grant	15,984	\$53,602,000	\$3,353
Greene	36,395	\$149,868,000	\$4,118
Hempstead	22,093	\$94,626,000	\$4,283
Hot Spring	29,154	\$134,650,000	\$4,619
Howard	13,681	\$61,134,000	\$4,469
Independence	33,066	\$162,556,000	\$4,916
Izard	13,112	\$75,615,000	\$5,767
Jackson	17,516	\$132,033,000	\$7,538
Jefferson	80,785	\$536,452,000	\$6,640
Johnson	21,358	\$97,909,000	\$4,584
Lafayette	8,846	\$56,803,000	\$6,421
Lawrence	17,342	\$124,573,000	\$7,183
Lee	12,699	\$89,901,000	\$7,079
Lincoln	14,372	\$63,691,000	\$4,432
Little River	13,065	\$62,429,000	\$4,778
Logan	21,134	\$98,649,000	\$4,668
Lonoke	51,447	\$197,627,000	\$3,841
Madison	13,313	\$47,986,000	\$3,604
Marion	14,902	\$65,329,000	\$4,384
Miller	39,377	\$196,850,000	\$4,999
Mississippi	49,420	\$272,284,000	\$5,454
Monroe	9,990	\$90,500,000	\$9,059

# FEDERAL SPENDING IN ARKANSAS

Montgomery	8,740	\$40,986,000	\$4,689
Nevada	10,024	\$47,407,000	\$4,729
Newton	8,226	\$37,545,000	\$4,564
Ouachita	27,487	\$172,591,000	\$6,279
Perry	9,678	\$51,281,000	\$5,299
Phillips	27,049	\$195,099,000	\$7,213
Pike	10,451	\$45,254,000	\$4,330
Poinsett	24,592	\$153,278,000	\$6,233
Polk	19,607	\$91,692,000	\$4,676
Pope	52,598	\$198,016,000	\$3,765
Prairie	9,284	\$70,719,000	\$7,617
Pulaski	349,236	\$2,595,196,000	\$7,431
Randolph	17,904	\$81,999,000	\$4,580
St. Francis	27,766	\$183,576,000	\$6,612
Saline	78,361	\$175,070,000	\$2,234
Scott	10,644	\$49,382,000	\$4,639
Searcy	7,791	\$49,809,000	\$6,393
Sebastian	106,252	\$448,509,000	\$4,221
Sevier	14,671	\$56,611,000	\$3,859
Sharp	17,092	\$96,011,000	\$5,617
Stone	11,220	\$57,986,000	\$5,168
Union	44,967	\$208,643,000	\$4,640
Van Buren	15,677	\$78,830,000	\$5,028
Washington	146,593	\$501,095,000	\$3,418
White	65,081	\$252,013,000	\$3,872
Woodruff	8,710	\$89,021,000	\$10,221
Yell	18,853	\$104,067,000	\$5,520
<b>STATE*</b>	<b>2,551,373</b>	<b>\$13,630,842,000</b>	<b>\$5,343</b>

\* County estimates do not equal the state total because the state total includes \$642 million in rehabilitation services and block grants for substance abuse treatment that is not allocated to county-level estimates.

Source: Consolidated Federal Funds Report for Fiscal Year 1999, State and County Areas, U.S. Census Bureau, April 2000.



**Children represent  
1/4 of the state's  
total population.**

**A**ccording to estimates from the U.S. Census Bureau, the number of Arkansas children under age 18 increased only slightly during the 1990s. The under-18 population increased from 623,703 in 1990 to 660,224 in 1999. Overall, the child population increased less than 6 percent from 1990 to 1999.

The under-age-5 population, which is now at 177,649 children, currently represents about 7 percent of the state's population. Children ages 5-17 now number about 482,575, comprising about 19 percent of the state's population.

Children under 18 now comprise about 26 percent of the state's population.

<b>Arkansas Child Population</b>			
	<b>Under 5</b>	<b>Age 5-17</b>	<b>Under 18</b>
<b>1990</b>	168,318	455,385	623,703
<b>1991</b>	168,404	454,859	623,263
<b>1992</b>	171,399	461,271	632,670
<b>1993</b>	171,999	463,484	635,483
<b>1994</b>	173,210	469,841	643,051
<b>1995</b>	175,044	478,939	653,983
<b>1996</b>	175,890	484,945	660,835
<b>1997</b>	175,442	484,972	660,414
<b>1998</b>	176,641	484,068	660,709
<b>1999</b>	177,649	482,575	660,224

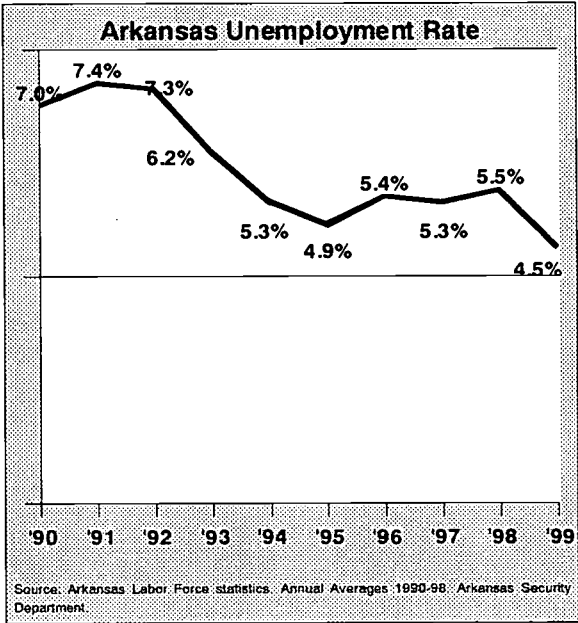
Source: U.S. Bureau of the Census, March 9, 2000.



**The state's  
unemployment fell  
during the 1990s.**

**M**irroring the national economy, the employment picture has been relatively good for Arkansas during most of the 1990s. The state's annual unemployment rate fell during the first half of the 1990s, decreasing from 7.4 percent in 1991 to 5.3 percent in 1994. Since 1994, the state unemployment rate has fallen to 4.5 percent.

Although the average annual unemployment rate for 2000 is not available yet, it is important to note that Arkansas' *monthly* unemployment rate hit a historic low of 3.8 percent in September 2000.





**D**espite the strong economy during the 1990s, child poverty continues to be a chronic problem for Arkansas families. In fact, it has not changed much since 1989.

During the 1990s, the child poverty rate has hovered around 1 in 4 children, ranging from 24.4 percent in 1989 to 25 percent in 1997.

The most widely-used source of data on child well-being is the Current Population Survey (CPS), which is conducted annually by the U.S. Census Bureau.

A major shortcoming of the CPS data is the small sample size taken in Arkansas. In 1998, the sample size included 1,620 children and adults. Annual poverty estimates for subsets of Arkansas' population, such as children under 18, may be unreliable if produced using only a single year's worth of CPS data.

To avoid this problem, researchers within the Census Bureau's Small Area Income and Poverty Estimates Program (SAIPE) produce state-level child poverty estimates using a combination of CPS data, federal tax data and administrative programs data.

**About 1/4 of  
Arkansas' children  
live in poverty  
with their families.**

#### Arkansans in Poverty

	1989	1993	1995	1996	1997
<b>Ages 5-17</b>	100,652 (22.3%)	109,670 (23.4%)	119,221 (24.6%)	111,191 (23.2%)	110,565 (22.7%)
<b>Under 18</b>	153,544 (24.2%)	170,943 (26%)	182,607 (27%)	173,406 (25.8%)	169,089 (25%)
<b>All ages</b>	417,155 (17.9%)	461,948 (18.9%)	455,776 (18.2%)	442,131 (17.6%)	442,856 (17.5%)

Source: U.S. Bureau of the Census, Small Area Income and Poverty Estimates Program.



**Evidence suggests  
that the economic  
boom of the '90s  
benefited the state's  
poorest families.**

**D**espite high child poverty rates, there is limited evidence to suggest that the economic expansion of the 1990s appears to have benefited many of Arkansas' poorest families. It should be noted, however, that the latest state child poverty rates are for 1996 and do not take into account the recent economic expansion of the late 1990s.

From 1989 to 1997 the average income of the poorest 20 percent of Arkansas families increased by 18.7 percent adjusted for inflation. This is very similar, at least in percentage terms, to the income growth experienced by the state's richest 20 percent of families (18.2%).

Arkansas' middle class did not fare as well as the lowest and highest income groups. The income growth for the middle three groups of Arkansas families (the 2nd, 3rd, and 4th quintiles) increased by only 8.5 percent, 3.9 percent and 1.0 percent, respectively, over the 1989-97 period.

Average Income and Changes in Arkansas Families			
	1989	1997	Change
Top 20%	\$84,381	\$99,741	18.2%
4th 20%	\$47,677	\$48,157	1.0%
Middle 20%	\$32,673	\$33,954	3.9%
2nd 20%	\$21,271	\$23,084	8.5%
Bottom 20%	\$9,071	\$10,771	18.7%

Source: Economic Policy Institute calculation of U.S. Census Bureau data. Estimates for 1989 are a three-year average of 1988-90. Estimates for 1997 are a three-year average of 1996-98.

**T**he percentage of working Arkansas mothers with child care needs appears to have increased during the 1990s.

In Arkansas, the percentage of mothers in the workforce with children under 6 years of age increased slightly during the first half of the 1990s, increasing from 63 percent in 1990 to 70 percent in 1997. In contrast, nationally, the percentage of mothers in the workforce with children under 6 increased slightly from 63 percent in 1989 to 64 percent in 1995.

These estimates, however, do not take into account recent state and federal changes brought about by welfare reform, such as stricter work requirements and time limits. These changes are likely to increase the percentage of working mothers with young children, especially single poor mothers.



**Welfare reform is  
changing the number  
of working mothers,  
both in Arkansas  
and the nation.**

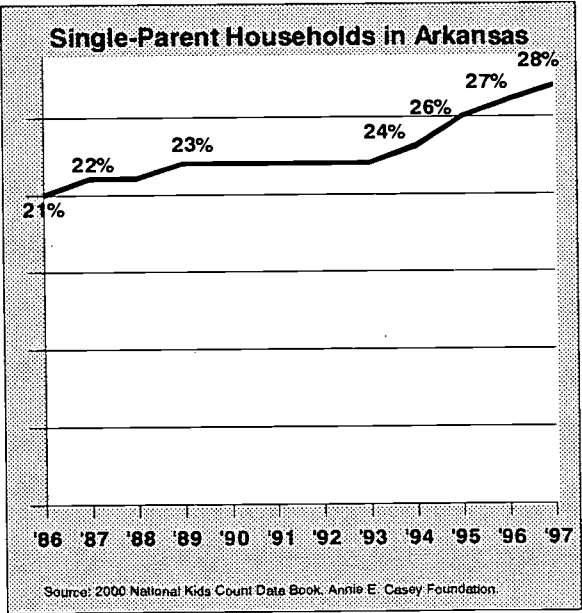




**Arkansas spent most of the last 2 decades below the national average of households headed by single parents.**

**A**rkansas, like most states, has seen a steady but significant increase in the percentage of families headed by single-parent families.

The percent of families headed by single parents has increased from 21 percent in 1985 to 28 percent in 1997. After being below the national average for most of the late 1980s and 1990s, 1997 was the first year that Arkansas' percentage was above the national average of 27 percent.





**F**rom 1975 to 1992, Arkansas' divorce rate steadily increased from 6.4 divorces per 1,000 people to 7.6 divorces per 1,000 people.

Since 1992, however, the state's divorce rate has slowly declined from 7.6 to 6.4 in 1998. Despite the recent decline, Arkansas' divorce rate still outpaces the 1998 national average of only 4.2 divorces per 1,000 people.

**Arkansas averages  
16,193 divorces a  
year, and outpaces  
the national average.**

Arkansas Divorces		
	Number	Rate
1970	9,310	4.8
1975	13,434	6.4
1980	15,882	6.9
1985	16,528	7.1
1986	16,989	7.3
1987	16,159	6.9
1988	16,841	7.2
1989	16,693	7.1
1990	16,655	7.1
1991	17,776	7.5
1992	17,999	7.6
1993	17,382	7.3
1994	17,294	7.2
1995	17,083	7.0
1996	16,908	7.0
1997	16,164	6.4
1998	16,353	6.4

Note: Data is of divorces/annulments per 1,000 couples.

Source: Arkansas 1997 Vital Statistics, Arkansas Department of Health, Center for Health Statistics.



**A**lmost 220,000 children in Arkansas are at risk of being hungry and undernourished. Arkansas nutrition programs, such as School Lunch and Breakfast, have sought to change the nutritional status of children.

Research has shown the importance of nutrition to the developing brain and learning capability of children. Without adequate and nutritious food, brain development and cognitive functioning are severely impaired, which impacts a child's ability to learn. Students who eat a nutritious breakfast have improved academic achievement, fewer visits to the school nurse, and better behavior in the classroom.

Despite the availability of food assistance programs, the public perception of these programs affects how children and adolescents access them and often undermines their utilization.

**In 1991, the Arkansas General Assembly required schools to participate in the School Breakfast program.**

**School Lunch and Breakfast Participation**

	1987	1990	1995	1998	1999	2000	Change
<b>School Lunch</b>							
# of Students Participating	150,215	155,842	173,405	184,253	183,276	186,402	24%
# of Schools Participating	1,033	1,169	1,169	1,209	1,254	1,253	21.3%
<b>School Breakfast</b>							
# of Students Participating	55,090	75,489	112,005	120,391	121,860	126,732	130%
# of Students Participating in Free and Reduced Breakfast	45,766	59,544	92,314	99,417	100,263	103,444	126%
# of Schools Participating	482	762	1,121	1,165	1,210	1,214	151.8%

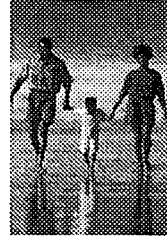
Source: The Food Research and Action Center.



**WIC enables mothers  
to buy the foods  
they need so their  
babies will be  
healthy.**

**W**omen, Infants and Children (WIC) is a food and nutrition program for pregnant women. Decades of research has shown that what a mother eats during pregnancy greatly affects how her baby grows and develops. WIC enables mothers to buy the foods — such as milk, eggs, cheese and juice — they need so their babies will be healthy. The WIC caseload has increased by 55 percent since 1987.

WIC Caseload	
1987	36,939
1990	56,412
1995	87,362
1998	82,939
Change	124.5%
Source: Arkansas Department of Health, Division of WIC.	



**T**he Summer Food Service Program provides nutritious meals and snacks to children during the summer months. Children age 18 and younger and within income eligibility guidelines or determined to have a physical or mental disability are eligible to participate in summer feeding programs.

During the 1999 General Assembly, the mandate requiring summer school was removed. Summer school caused many schools to serve as a Summer Food Service Program site providing meals to children. As schools elect to discontinue summer school, they are choosing not to provide lunch. This means a loss of at least a meal a day, perhaps the only meal a day, for many Arkansas children.

**For some kids,  
summer isn't about  
having fun; it's about  
getting enough to eat.**

Summer Food Service Program Participation									
	1992	1993	1994	1995	1996	1997	1998	1999	Change
<b>Children Participating</b>	17,331	21,941	30,564	27,976	14,174	15,140	13,874	15,274	-11.9%
<b>Sites Participating</b>	134	186	286	261	140	139	130	136	1.5%

Sources: Data for 1998 and 1999 were obtained from the "Hunger Doesn't Take a Vacation: Summer Nutrition Status Report," July 2000, prepared by the Food Research and Action Center. The data for 1992-97 were taken from the "Hunger Doesn't Take a Vacation: Summer Nutrition Programs for Children," July 1999 report, prepared by FRAC.

**O**ut of all the predictors of child well-being, nothing is more strongly or consistently correlated than wealth and health.



In addition to a family's relative wealth, a flood of recent research has shown that, independent of other factors, social class standing is one of the best predictors of health outcomes. Social class can be measured by income, educational attainment, property ownership and assets.

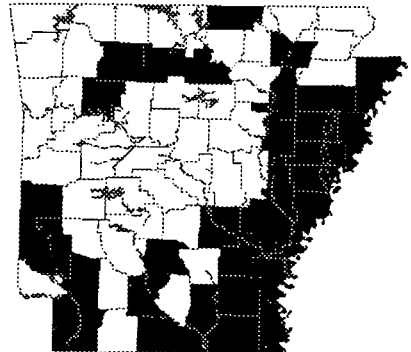
**Research has shown  
that social class  
standing is one of the  
best predictors  
of health outcomes  
for children.**

The relationship between health and wealth in Arkansas can be proven when poverty rates are compared to teenage fertility, low birth-weight and infant mortality rates. Counties with high rates of poverty (greater than 18.2%, the state's poverty average) have higher rates of teenage fertility, infant mortality and low-weight births. These counties are within the state's Delta or Ozark regions, the state's most impoverished areas.

So what does this have to do with the health of Arkansas' children? Research suggests that expanded education, employment and economic opportunities in impoverished areas of the state can help improve the long-term health outcomes of Arkansas' children to the same degree as, or to a greater degree than, many health care-driven interventions. This does not mean community-based public health efforts, hospital- and clinic-based care, and education about healthy and safe lifestyles should be discontinued

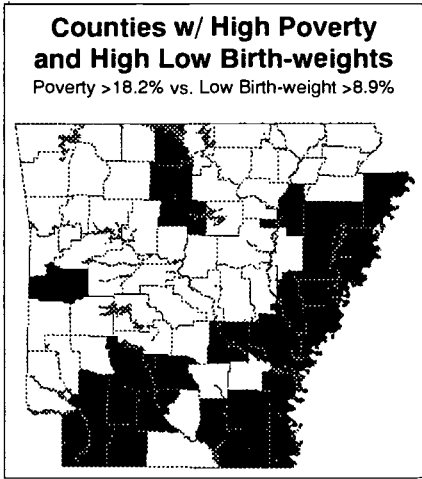
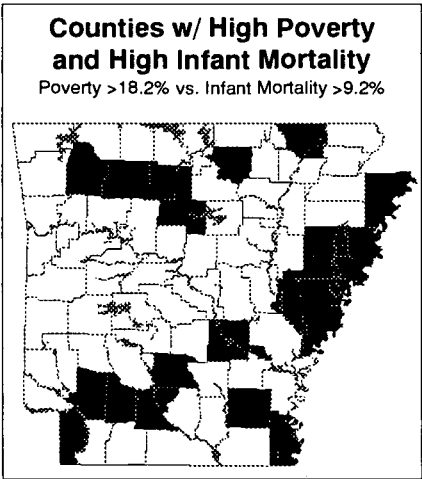
#### **Counties w/ High Poverty and High Teen Fertility**

Poverty >18.2% vs. Teenage Fertility >70.7%



at the expense of economic development; only that a child's overall health status can be best predicted by his or her economic status. Perhaps the most important impact on child health could be realized in how well Arkansas helps families succeed economically.

Sources: Poverty data is from the 1995 U.S. Census estimate; and teenage fertility, infant mortality and low birth-weight rates are taken from within this report.





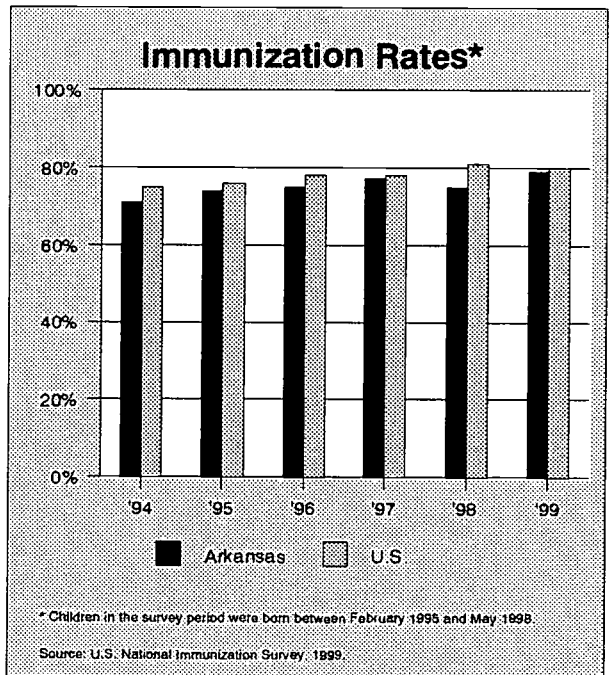
**A**rkansas has done a much better job in the 1990s of immunizing its young children. The state has been keeping pace with the national trend of increased rates over this decade.

Data from 1999 show that the overall U.S. immunization rate was 79.9 percent while Arkansas' rate is 78.5 percent. Comparing the state's rate to the rest of the country shows that 35 states have a higher rate than Arkansas; one has the same rate; and 14 have a lower rate. This ranking can be deceptive since the states are very close together in their rates, so a small increase or decrease in the rate can cause a large change in the ranking.

**Immunizing a child  
increases that child's  
chances for better  
health in the future.**

The immunization rate shown is from the United States National Immunization Survey of 1999. This immunization rate measures specific 4:3:1 dosage criteria for children age 19-35 months. The dosage criteria include the following shots:

- ◆ 4 doses of Diphtheria, Tetanus, and Pertussis;
- ◆ 3 doses of Polio; and
- ◆ 1 dose of Measles, Mumps and Rubella.







**The highest incidences of low-weight births can be found in the Delta, but a handful of other Arkansas counties also have extremely high rates.**

**L**ow-weight births are another important children's health indicator, since it objectively measures every infant and is a predictor of the overall health and viability of the baby. Low birth-weight infants are those born weighing under 5 ½ pounds.

These infants are at a much higher risk of contracting illnesses as babies, and are more likely to incur a long-term disability or death. For example, infants weighing less than 1,500 grams have an infant mortality rate 60 times greater than infants weighing 2,500 grams or more; and infants who weigh between 1,500 and 2,499 grams have an infant mortality rate of 5 times more than babies weighing over 2,500 grams.

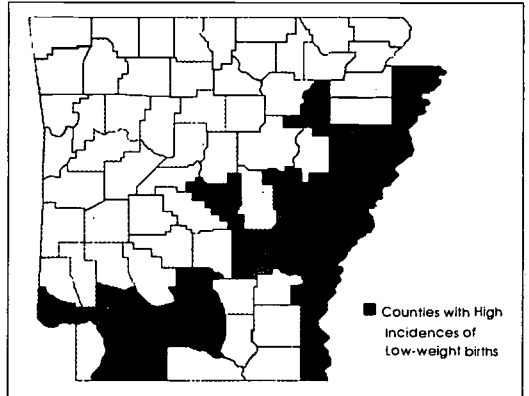
Low birth-weight is calculated as a percent of all live births. The number of infants born under 2,500 grams each year is divided by the total number of live births, then multiplied by 100.

This indicator has remained relatively constant over the last 25 years in Arkansas and the United States. In 1998, Arkansas' low birth-weight rate was 8.9 percent. The 1980 rate of low-weight births in Arkansas was 7.6 percent, which is the lowest rate in the past 20 years. Since 1980, the state and national rates have increased slowly. In 1997, the U.S. rate was 7.4 percent, the highest rate in the last 20 years.

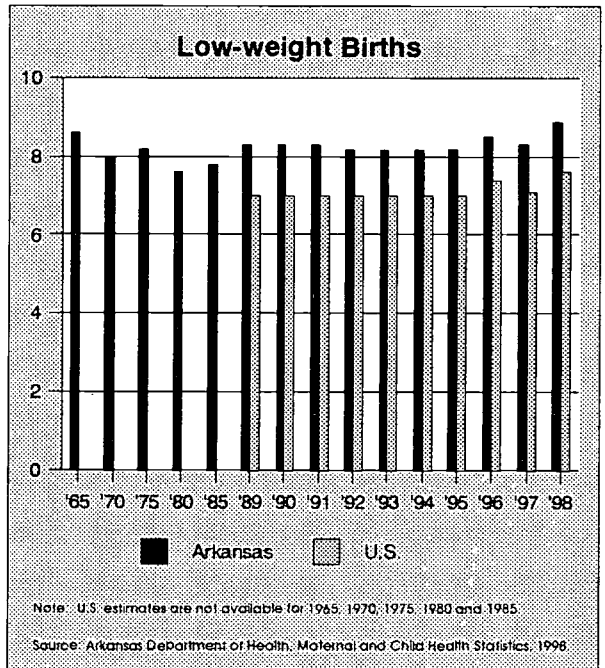
The high incidences of low-weight births in Arkansas follow a geographic line from Jef-

fereson County to the northeast toward the counties along the Mississippi River. Several counties in Southwest Arkansas also have high incidences of low-weight births.

The race of the mother is a significant predictive factor for low-weight births. African-Americans — in Arkansas and across the nation — have a much higher incidence of low-weight births. Over the past 20 years in Arkansas, the average percent of low-weight births for African-American babies was almost twice as high as the average for Caucasian babies.



African-American infants are more likely to be born premature, and this contributes to the higher incidence of low birth-weight. African-American mothers also tend to have more difficulty gaining weight during pregnancy, and this can also impact the weight of the infant.



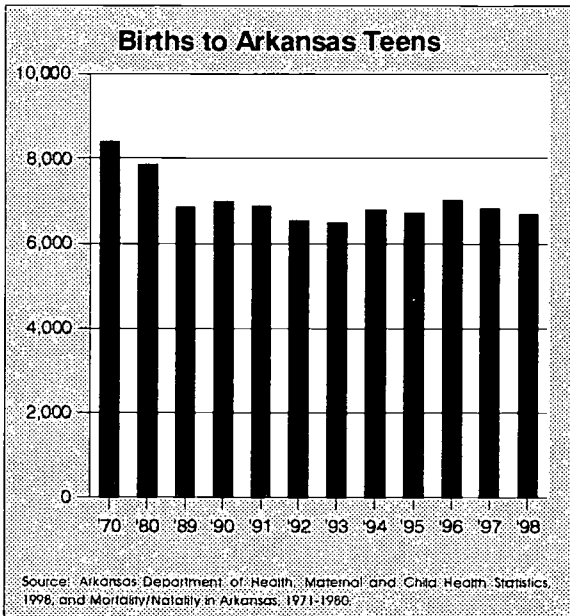
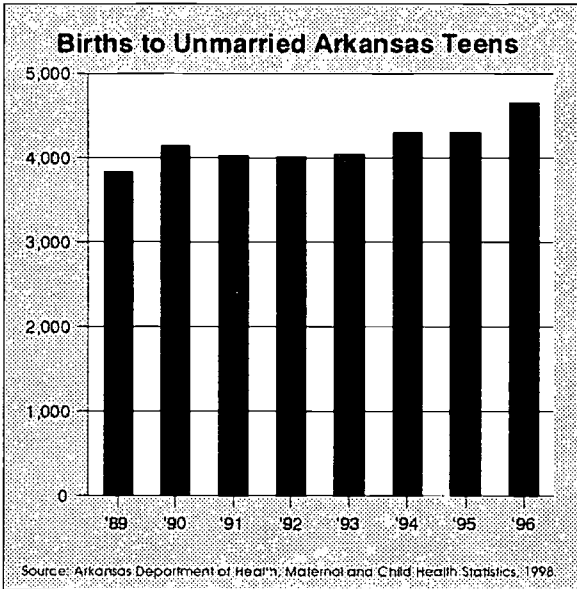


**77,418 babies  
have been born to  
Arkansas teenagers  
in the last 20 years.**

**T**een fertility rate is the rate per 1,000 of births to women ages 15-19, and is calculated by dividing the total number of births by the estimated total number of women in that age group. The rate for Arkansas in 1998 was 70.7 per 1,000. The rate does not include induced abortions, fetal deaths (stillbirths) or spontaneous abortions.

The teenage fertility rate is notoriously high in Arkansas and has remained so despite recent national declines. The average teen fertility rate in Arkansas for 1987-96 was 76.5. The state's annual rates have increased in the past five years even though the nation's rates have declined over that same time period.

The teen fertility rate is significantly different based on the race of the mother. The rate for Caucasians for the decade 1987-96 was 64.3, while it was 122.1 for African-Americans. This statistic is impacted by several social and economic factors, such as access to and use of medical care, and the poverty rate.





**The outlook for  
newborns in  
Arkansas is very  
positive at the  
beginning of this new  
century.**

**T**he infant mortality rate is a critical indicator of both child well-being and the overall health of an entire community. A host of social, health and economic indicators can be associated with a community's infant mortality rate.

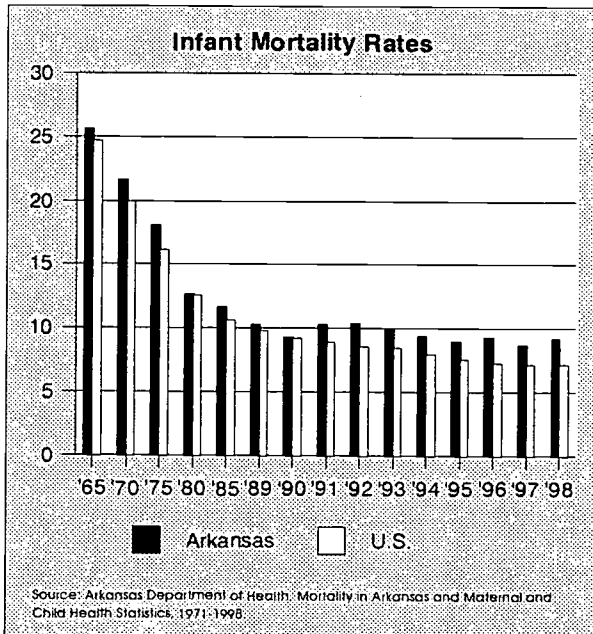
The infant mortality rate, or infant death rate, is calculated by dividing the number of infant deaths by the number of live births in the state and multiplying by 1,000. Arkansas' rate has followed the United States' long-term trend in decreasing infant death rates since 1970 when the rate was more than 20 per 1,000 births. However, Arkansas' rate has lagged behind the U.S. rate during the past 30 years. The rate in 1998 decreased to 9.2 per 1,000 from 9.3 per 1,000 in 1996. The U.S. rate in 1998 was 7.2 per 1,000.

Two other statistics — the fetal death (stillbirth) rate and the neonatal death rate — help define the problem more precisely. Fetal deaths happen within the womb, with 20 weeks or more gestation, and/or weighing 350 grams or more. Neonatal deaths are defined as live-born infants who die before completing 28 days of life. The 20-year trends for these two rates mirror that of the infant mortality rate. These rates have fallen from 14.4 in 1970 to 7.7 per 1,000 in 1997 for fetal death rate; and 15.5 in 1970 to 5.1 per 1,000 in 1997 for neonatal death rates.

Several factors impact Arkansas' high infant mortality, fetal death and neonatal death rates. The main factors are race, age and education of the mother, economic status of the mother, and geographic area of the state.

Other important factors that have driven down these rates over the past 25 years include improved access to health care and prenatal care, improved medical technology and expertise in caring for neonatal children, and improved participation and benefits in the state's Medicaid program.

Race is a critical variable in these rates. The various rates are much higher for African-American children than for Caucasian children. For example, the infant mortality rate for Caucasian babies in 1998 was 7.2 and the rate for African-Americans was 12.8. Data from the last 25 years show the same significant differences. This trend in racial differences in infant mortality is also true nationwide.





**Arkansas' death and injury rates in traffic crashes are consistently higher than the national average.**

**T**raffic accident data reports the fatalities and injuries to children age 18 and under, and it provides an overall impression of the safety of children when they are passengers or drivers on the streets and highways of Arkansas. This data, compiled annually by the Arkansas Highway and Transportation Department, is presented for the years 1987-97. In these reports, the number of deaths and injuries for children are listed by the type of restraint used. The different categories under restraint type are as follows:

- ◆ No restraint used
- ◆ Shoulder belt; or shoulder and lap belt
- ◆ Lap belt only
- ◆ Child safety seat
- ◆ Motorcycle helmet
- ◆ Passive restraint (air bag)
- ◆ Restraint used, but type unknown
- ◆ Unknown if restraints were used.

For this Kids Count report, the total annual number of deaths and injuries for all the different types of restraints are collapsed and compared to the number of injuries and deaths in the categories of "no restraint used" and "unknown if restraints were used." Each total for deaths and injuries is presented as a rate per 1,000 children and compared to the total number of traffic crashes for that category.

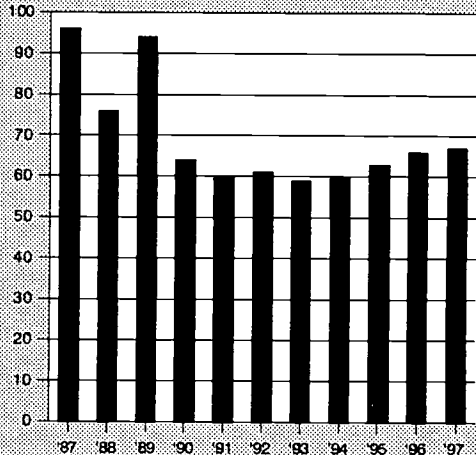
Arkansas death and injury rates in traffic crashes are consistently higher than the national average. This is, in part, related to the

fact that Arkansans drive more vehicle miles per capita than most other states. A factor that contributes to this is the high proportion of rural roads and state highways to interstate highways that the state has. A statistic often cited that affirms this is the traffic deaths per vehicle mile traveled. Arkansas had a rate of 2.2 deaths per 100 million vehicle miles traveled in 1996. The state is in the Top 10% of the 50 states for this indicator; only four states had higher rates.

Since this data was not available for children, this report looks at the total number of deaths for children under age 18 in the aforementioned categories. The charts show that the number of children not wearing any type of restraint who died in traffic accidents has dropped 30 percent over the 11 years between 1987 and 1997. The number of children not restrained who were injured in traffic accidents dropped by 51 percent from 1987 to 1997.

### Children Killed in Crashes in Arkansas

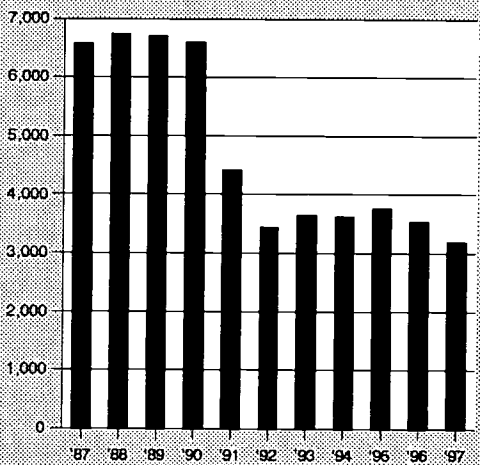
No Restraints Used



Source: Arkansas Highway and Transportation Department Traffic Safety Division, Traffic Accident Reporting System, Accident Summary for Statewide Accidents, 1987-1997.

### Children Injured in Crashes in Arkansas

No Restraints Used



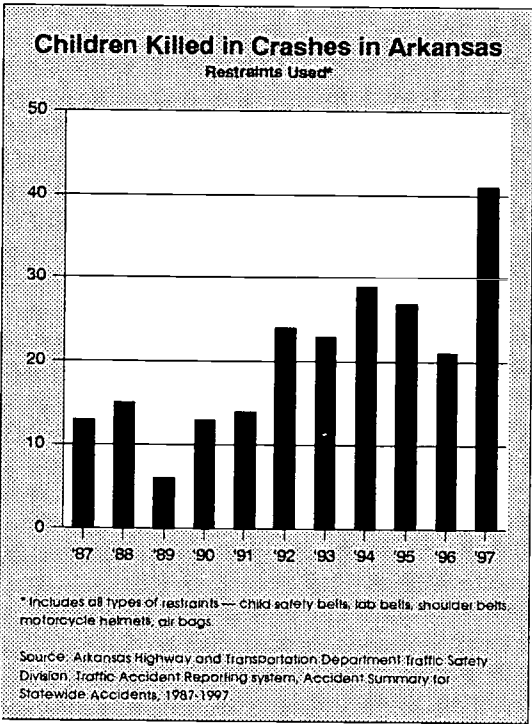
Source: Arkansas Highway and Transportation Department Traffic Safety Division, Traffic Accident Reporting System, Accident Summary for Statewide Accidents, 1987-1997.



The number of children killed in traffic accidents who were restrained in some way has risen over the same period by 215 percent. This percentage increase can be misleading since the total numbers went from a low of 6 in 1989 to 41 in 1997. These are 30 percent lower overall than the lowest years total from the "no restraint" category. The number of children injured in crashes who were restrained in some fashion rose 341 percent from a low of 1,436 in 1987 to a high of 6,336 in 1997.

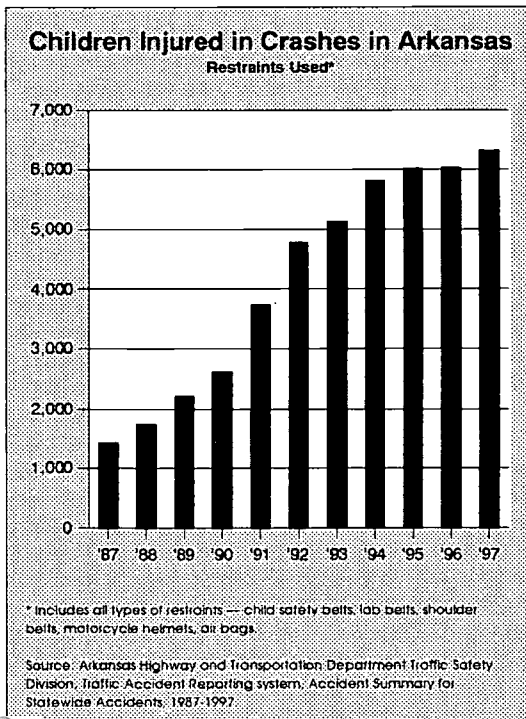
Two major policy changes — the 1991 seat belt law and tougher DWI laws — have impacted both the decreases in the number

of children killed or injured with no restraints in use and the corresponding increases in the number of children killed or injured when restraints were in use. However, there is concern by some Highway Department officials that this accident data reflects over-reporting of seat belt usage. That is, people in traffic accidents report to law enforcement that they were using restraints even if they might not have been



so that they can avoid the ticket that comes with not wearing a restraint belt.

The seat belt law requires that children and adults riding in vehicles use some type of restraint, either seat belt, safety seat or helmet. A drawback to the 1991 law is that it does not make this a primary traffic offense, meaning only after a driver has been pulled over for some other violation can he then be cited for not wearing a seat belt. Attempts to pass a primary seat belt law during the 1999 legislative session were unsuccessful.





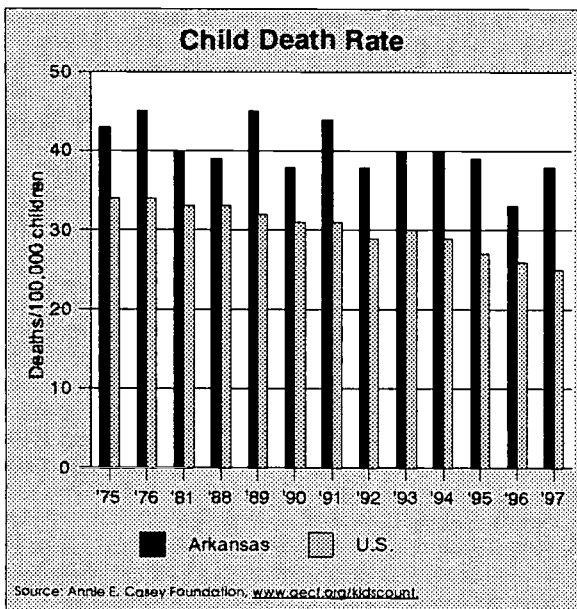
**The high number of child deaths can be linked to the high number of motor vehicle accidents in the state.**

**T**he child death rate represents the number of deaths per 100,000 children ages 1-14 in the state. Arkansas' rate in 1997 was 38 per 100,000 children. The rate of 45 per 100,000 children was the highest over the past 11 years, and Arkansas reached that rate in 1986 and 1989.

Arkansas ranks in the bottom 5th among the states in child death rates and has maintained this position over the past decade. The United States' rate of child deaths has been lower than Arkansas' for every year in the past decade. For comparison, the U.S. child death rate was 25 per 100,000 in 1997.

The decreasing trend over the past decade can be attributed to advances in medical technology and treatment of trauma. However,

a majority of child deaths occur as a result of motor vehicle accidents. The fact that this state is among the worst in the country for motor vehicle accidents that result in serious injury and death helps explain why Arkansas' rate of child deaths is so high.

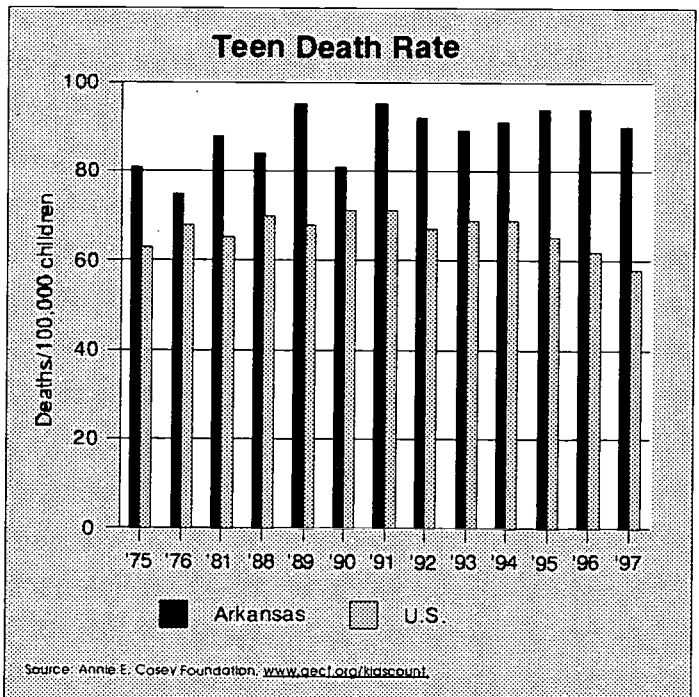




**78% of teen deaths nationwide are by accident, suicide or homicide.**

**T**he rate of teen deaths by accident, homicide or suicide, also referred to as the teen violent death rate, accounts for deaths among 15- to 19-year-olds (per 100,000 teens in this age group). Deaths from these three sources accounted for 78 percent of all teen deaths nationwide in 1996. Arkansas' most recent rate was 94 per 100,000. Aside from a rate of 95 in 1989, this is the highest teen death rate seen in the last 11 years. The 10-year low rate of 86 per 100,000 occurred in 1986.

Accidents account for more than twice as many teen deaths as any other source. However, since 1985 there has been a decrease in teen deaths due to accidents, of which motor vehicle accidents are the leading cause. An increase in the number of teen deaths by homicide has pushed the rate up in Arkansas and held it constant, nationally. Arkansas is again in the bottom 5th out of the 50 states on this indicator.





**Juvenile offenders  
of color are  
over-represented  
in most all  
components  
of the justice system.**

**T**he 1998 amendments to the federal Juvenile Justice and Delinquency Prevention Act of 1974 require states to assess and implement strategies to reduce disproportionate minority confinement in secure facilities where it is found to exist.

Disproportionate minority confinement exists when "the proportion of juveniles detained or confined in secure detention facilities, correctional facilities, jails, and lockups who are members of minority groups ... exceeds the proportion such groups represent in the general population."

In Arkansas, nonwhite juveniles (ages 0-17) constitute only 23 percent of the state's juvenile population. This percentage serves as the baseline for determining over-representation of minorities in other parts of the judicial system in Arkansas.

In findings published in "Juvenile Offenders in Arkansas 1990-1995: A Trend Analysis," Arkansas Advocates for Children & Families found that nonwhite juvenile offenders were over-represented in most all components of the justice system, particularly in those segments with the highest sanctions. Although nonwhite juveniles constitute only 23 percent of Arkansas' juvenile population, they represented:

- ◆ 43 percent of all juvenile arrests,
- ◆ 63 percent of youth committed to the Division of Youth Services,
- ◆ 58 percent of filings in adult criminal court,
- ◆ 50 percent of youth entering the Department of Community Punishment, and
- ◆ 69 percent of youth admitted to the Department of Correction.

The rate of confinement for minority juveniles is almost twice

their representation in the population of Arkansas, and is slightly higher than their arrest rate.

Minority youth represent:

<b>Juvenile Arrests in Arkansas</b>			
	<b>Total</b>	<b>Nonwhite</b>	<b>White</b>
<b>1990-95</b>	103,428	44,677 (43%)	58,751 (57%)
<b>1996</b>	21,621	9,259 (43%)	12,362 (57%)
<b>1997</b>	21,697	9,417 (43%)	12,280 (57%)
<b>1998</b>	20,032	8,318 (42%)	11,714 (58%)

Source: Arkansas Crime Information Center.

**Arkansas Youth Held in Jails and Detention Facilities**

	<b>Total</b>	<b>Nonwhite</b>	<b>White</b>
<b>1990</b>	4,746	2,101 (44%)	2,645 (56%)
<b>1991</b>	5,785	2,875 (50%)	2,910 (50%)
<b>1992</b>	6,594	3,390 (51%)	3,204 (49%)
<b>1993</b>	7,712*	3,607 (50%)	3,558 (50%)
<b>1994</b>	7,495*	3,600 (48%)	3,869 (52%)
<b>1995</b>	8,034*	3,798 (48%)	4,198 (52%)
<b>1996</b>	7,764	3,713 (48%)	4,015 (52%)
<b>1997</b>	8,427	3,921 (47%)	4,506 (53%)
<b>1998</b>	9,652	4,598 (48%)	5,054 (52%)

\* The race of youth was not available in 1993 (seven cases); 1994 (26 cases); and 1995 (38 cases).

Source: Department of Human Services Division of Youth Services, Jail Monitoring Program.

- ◆ 45 percent of juveniles held in detention facilities,
- ◆ 46 percent of juveniles held in county jails, and
- ◆ 69 percent of those held in city jails between 1990 and 1995.

Even more disconcerting is that between

1990 and 1995 the average length of stay in jails for nonwhites was almost twice that of whites who committed the same offense.

The number of juveniles admitted to the Department of Correction has decreased significantly since 1995. However, from 1990 to 1995, the number of juveniles entering the Department of Correction increased from 267 to a high of 385. This was followed by a 50 percent reduction in 1996 when only 192 juvenile offenders were admitted. That number dropped another 35 percent, to only 125 juvenile admissions, in 1998.

<b>Juveniles Entering the Department of Correction</b>			
	<b>Total</b>	<b>Nonwhite</b>	<b>White</b>
<b>1990-95</b>	2,036	1,398 (69%)	638 (31%)
<b>1996</b>	192	124 (65%)	68 (35%)
<b>1997</b>	162	112 (69%)	50 (31%)
<b>1998</b>	125	91 (73%)	33 (27%)

<b>Juveniles Placed in Court Diversion Programs</b>			
	<b>Total</b>	<b>Nonwhite</b>	<b>White</b>
<b>1990-95</b>	11,551	3,234 (28%)	8,317 (72%)
<b>1996</b>	2,557	833 (33%)	1,724 (67%)
<b>1997</b>	2,465	658 (27%)	1,807 (73%)
<b>1998</b>	985	210 (21%)	775 (79%)

Note: Number is only those cases where the race of the juvenile was reported.

Despite these recent reductions in numbers, the overrepresentation of minorities in the juvenile justice system increased with the severity of sanctions. Nonwhites represented 73 percent of Department of Correction's admissions in 1998.

Court diversion programs, the least restrictive or least serious sanction imposed on a youth who commits a delinquent act, is the only sanction for delinquent behavior



where minority youth are not over-represented.

In its study of juvenile offenders, AACF found that 72 percent of juveniles placed in court diversion programs were white and only 28 percent nonwhite.

A growing body of literature suggests that processing decisions in many state and local juvenile justice systems are not racially- or culturally-neutral. It also suggests that over-representation may intensify as juveniles continue through the parts of the system with the most serious sanctions. This trend is confirmed in parts of the Arkansas juvenile justice system with the more severe sanctions.

<b>Juveniles Committed to the Department of Community Punishment</b>			
	<b>Total</b>	<b>Nonwhite</b>	<b>White</b>
<b>1990-95</b>	1,713	851 (50%)	862 (50%)
<b>1997</b>	94	58 (62%)	36 (38%)
<b>1998</b>	80	45 (56%)	35 (44%)

<b>Youth Committed to DHS Division of Youth Services</b>			
	<b>Total</b>	<b>Nonwhite</b>	<b>White</b>
<b>1992-95</b>	3,092	1,942 (63%)	1,150 (37%)
<b>1996</b>	1,002	621 (62%)	381 (38%)
<b>1997</b>	805	500 (62%)	305 (38%)
<b>1998</b>	815	515 (63%)	300 (37%)
<b>1999</b>	745	464 (62%)	281 (38%)

Source: DHS Division of Youth Services.

<b>Juvenile Delinquency Cases Filed in Juvenile Court</b>			
	<b>Total</b>	<b>Nonwhite</b>	<b>White</b>
<b>1990-95</b>	34,864	13,453 (39%)	21,411 (61%)
<b>1996</b>	11,058	4,475 (40%)	6,583 (60%)
<b>1997</b>	13,335	5,756 (43%)	7,579 (57%)
<b>1998</b>	13,553	5,990 (44%)	7,563 (56%)
<b>1999</b>	13,301	5,524 (42%)	7,777 (58%)

Source: Arkansas Administrative Office of the Courts. In almost 50% of all filings in juvenile court, the race of the juvenile was not recorded between 1990-95. Recording race improved dramatically after 1996. Totals equal only those cases where race was recorded.

The National Council on Crime and Delinquency (NCCD) provided a projection analysis of Arkansas juvenile justice trends in 1998. NCCD noted that between 1995 and 2010 Arkansas'



overall juvenile population will increase minimally, and in some cases, even decrease during those years. However, NCCD also projects that nonwhite juveniles will make up a larger portion of the juvenile offender population. If current trends continue, by 2010, minority juveniles will make up:

- ◆ 45 percent of juvenile arrests;
- ◆ 52 percent of juvenile commitments to the Department of Community Punishment;
- ◆ 69 percent of juveniles in DYS custody;
- ◆ 62 percent of juveniles in jails; and
- ◆ 60 percent of juveniles in prisons.

<b>Juvenile Cases Filed in Adult Criminal Court</b>			
	<b>Total</b>	<b>Nonwhite</b>	<b>White</b>
<b>1990-95</b>	7,833	4,518 (58%)	3,315 (42%)
<b>1996</b>	1,416*	700 (53%)	631 (47%)
<b>1997</b>	1,224*	685 (58%)	499 (42%)
<b>1998</b>	1,148*	623 (56%)	481 (44%)

\* The race of youth was not available in 1996 (85 cases); 1997 (40 cases); and 1998 (44 cases).

Source: Arkansas Administrative Office of the Courts. The number of filings in adult criminal court where race was not recorded varied from 6% in 1996 to 4% in 1998.

The solutions to the problem of overrepresentation of minorities in the justice system are far more difficult to obtain than the facts that prove the problem exists. Sorting out the influences of culture, race, economics and judicial practice must be examined and evaluated so recommendations for change can be made. The state's system of justice must hold true to the promise of "... equal justice for all."

**T**he Department of Human Services Division of Children and Family Services (DCFS) has been under court oversight for almost 10 years. This close examination of the child welfare system is likely to continue. High turnover among DCFS directors and frontline employees; stagnant progress in meeting court required outcome measures; and seemingly intractable data collection or management information problems, have those working for better child protection services sometimes feeling frustrated.

Arkansas is one of many states with a long history of child welfare system oversight. As frustrating as it may be to state administrators and child advocates, the impact of these ongoing problems are most devastating to the families and children caught up in the state's child welfare system. The good news is that some things are getting better. The bad news is that there is still a long way to go.

The 1997 law allowing the Arkansas State Police to operate the abuse report hotline and to conduct investigations of the most serious (Class 1) child abuse cases was one of the more radical attempts to restructure Arkansas' child welfare system. This approach is unique to Arkansas and has produced some positive changes, albeit less than many had hoped.

The State Police Family Protection Unit (FPU) placed additional staff and devoted more



**Arkansas has a long history of child welfare system oversight.**

resources to investigations which has lowered the number of cases assigned to each worker and improved initial response time. Another positive result of this change is a much higher indicated (true disposition) rate for investigations by the State Police FPU.

In the first 11 months of 1999, the FPU had an indicated rate of 45 percent, a rate that mirrors the national average of 40-50 percent. The DCFS indicated rate was 28 percent, a rate one might expect in the less serious cases of abuse.

The Center for the Study of Social Policy published a report in April 2000 assessing the impact of this transfer of responsibility to the State Police. Although there have clearly been improvements, problems with protocol, role confusion between police and civilian staff, and questions about how hotline calls are handled remain a concern.

There have been numerous outcomes and measures imposed on DCFS by the courts

Timely Initiation of Assessments	
Year	Cases
1996	78%
1997	69%
1998	72%
1999	82%
Source: DHS Division of Children and Families Services Annual Report Card published in compli- ance with Act 1222 of 1995.	

Timely Completion of Assessment	
Year	Cases
1996	51%
1997	37%
1998	35%
1999	60%
Source: DHS Division of Children and Families Services Annual Report Card published in compli- ance with Act 1222 of 1995.	

and the oversight groups established to monitor DCFS compliance with provisions of the *Angela R.* lawsuit. The Center for The Study of Social Policy in Washington, D.C. and the Joint Legislative Committee on Children are the two most current authorities to monitor the quality of child welfare in the state. Some critical indicators involve actual child maltreatment assessments and the recurrence of maltreatment by families.

Another important measure of child welfare is the sense of permanency children feel in their family setting.

**Families w/ Repeated Maltreatment Allegations  
Found to be True After Specific Time Intervals**

	3 Months	6 Months	12 Months
<b>1996</b>	2%	4%	7%
<b>1997*</b>	10%	18%	24%
<b>1998</b>	7%	10%	16%
<b>1999</b>	5%	8%	12%

\* In 1996, the percent was determined by dividing the number of repeat allegations by the total allegations. In 1997, the repeat allegations were divided only by allegations originally found to be true.

Source: DHS Division of Children and Families Services Annual Report Card published in compliance with Act 1222 of 1995.

During recent years, Arkansas has done an excellent job increasing the number of children who are adopted. However, the percent of children who remain in foster care after parental rights have been terminated points to the difficulty of placing child victims of maltreatment in permanent homes.



**Ideally, Arkansas  
should spend \$11,800  
on each student in  
the public schools.**

In a 1988 report commissioned by the Winthrop Rockefeller Foundation, Dr. Harold Hodgekinson, a nationally-recognized economist, mused that the state would make significant advancements in education if it had the resources to spend \$8,200 (\$11,800 in today's dollars) per pupil. Woefully, the state is far from the goal wished by Dr. Hodgekinson.

Yet, Arkansas has made significant gains by investing in the education of its children. Arkansas' per-pupil expenditures have risen from \$1,239 in

1959-60 to \$4,999 in 1997-98, but still falling short of the optimum. When compared to other states, Arkansas falls among 10 states that expend the least on students. States' per-pupil expenditures range from a high of \$10,233 in New Jersey to a low of \$4,256 in Utah.

Per-pupil spending generally correlates to a state's economic wealth — which explains Arkansas' traditionally low rate of expenditures per pupil.

Per-Pupil Spending Over the Last 40 Years			
	New Jersey	Arkansas	Utah
1959-60	\$2,133	\$1,239	\$1,775
1969-70	\$4,351	\$2,430	\$2,681
1979-80	\$6,649	\$3,280	\$3,452
1980-81	\$6,076	\$3,176	\$3,396
1985-86	\$8,279	\$3,950	\$3,553
1989-90	\$10,368	\$4,439	\$3,520
1990-91	\$10,575	\$4,469	\$3,574
1991-92	\$10,904	\$4,717	\$3,558
1992-93	\$10,685	\$4,680	\$3,609
1993-94	\$10,705	\$4,735	\$3,804
1994-95	\$10,511	\$4,794	\$3,931
1995-96	\$10,422	\$4,931	\$4,049
1996-97	\$10,393	\$4,926	\$4,117
1997-98	\$10,233	\$4,999	\$4,256

Note: 1. Based on the Consumer Price Index, prepared by the Bureau of Labor Statistics, U.S. Department of Labor, adjusted to a school-year basis. These data do not reflect differences in inflation rates from state to state.  
2. Beginning in 1980-81, state administration expenditures are excluded. Beginning in 1988-89, extensive changes were made in the data collection procedures. There are discrepancies in average daily attendance reporting practices from state to state. Some data have been revised from previously published figures.

Sources: National Center for Education Statistics, Digest of Education Statistics, Table 168: "Current Expenditures per pupil in average daily attendance in public elementary and secondary schools, by state: 1959-60 to 1997-98."



**O**verall, the public education system's enrollment has remained constant for the last 30 years. Some growth was experienced during the 1980s primarily due to the Baby Boomers' children becoming school age.

The National Center for Education Statistics predicts that Arkansas public schools will lose 1-2 percent of their enrollment from 1996 to 2008. However, other systems of education for K-12 are realizing significant increases in enrollment.

For instance, private school enrollment increased by 49 percent from 1980-95. Even more dramatic growth has occurred in the numbers of children being taught at home. The number of children reported to be home-schooled is nearing 10,000.

**The number of  
children who are  
home-schooled  
has increased  
to 9,282.**

#### Public School Enrollment

	1970	Fall 1987	Fall 1997	2008 Projection
<b>Grades K-8</b>	330,000	397,286	322,236	N/A
<b>Grades 9-12</b>	133,000	129,950	134,261	N/A
<b>TOTAL</b>	463,000	437,036	456,497	453,000

Source: U.S. Department of Education, National Center for Education Statistics, Projections of Education Statistics to 2008, 1996.

#### Home School Enrollment

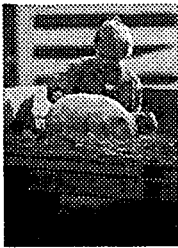
1985-86	1994-95	1998-99
572	5,193	9,282

Source: Home School Report, Arkansas Department of Education, July 1999; and other data provided by the Department, September 1999.

#### Private School Enrollment

1980	1995
18,423	27,454

Source: U.S. Department of Education, National Center for Education Statistics, Digest of Education Statistics, 1980, 1998.



**Arkansas is 1 of 7  
states where rural  
education is  
predominant and  
needs attention.**

**T**here is a cluster of seven states where rural education is simply crucial to the state's educational performance and where the need for attention is urgent, according to a report from the Rural School and Community Trust released in August 2000. "Rural" is defined as communities with 2,500 or less people. Arkansas ranks No. 1 nationally in the percent of students who attend small, rural schools.

In Arkansas:

- ◆ 42.2 % of public schools are in rural areas, compared to 22.6% nationally.
- ◆ 29.4% of public school students are enrolled in rural schools, compared to 13% nationally.
- ◆ 25.9% of rural students are in poverty.
- ◆ Rural teacher salaries are on average \$24,114, compared to non-rural teacher pay of \$27,310.
- ◆ 17% of rural schools have declining enrollments of at least 10%.

Source: *Why Rural Matters: The Need for Every State to Take Action on Rural Education*, by Elizabeth Beeson and Marty Strange, Rural School and Community Trust Policy Program, Randolph, VT, August 2000.

**D**r. David Grissmer, lead researcher for a newly-released critical review of National Assessment of Educational Progress (NAEP) math and reading test scores by state, makes some interesting observations about student achievement and school reform.

His extensive review examines multiple educational reform efforts to determine what might affect a student's successful performance on NAEP. He and his colleagues report that school reform efforts take years to be revealed in individual academic performance. They caution that other factors, such as unmeasured family and community social characteristics, have a strong causal effect on improved student performance and cannot be disregarded. They concluded, with a high degree of certainty, that state-level variations in student achievement from 1990 to 1996 can be attributed to family variables that differ by state and community.

Additionally, their results credit state-specific reforms for achievement differences when students with similar family characteristics are compared:

- ◆ Positive results from increased per-pupil expenditures are due to the way funds are allocated and targeted to specific children, such as to those who are performing below grade level.
- ◆ School reforms, such as higher per-pupil expenditures; lower student-teacher ra-



**Student achievement  
can be attributed  
to family variables  
that differ  
by community.**



tios in early grades; high teacher satisfaction with sufficient classroom resources; greater levels of attendance in public pre-K programs, and low teacher turnover have significant impacts on achievement scores.

Interestingly, the research suggests that the most effective and cost-efficient school reform methods across states are limited to three reforms:

- ◆ K-8 teachers having adequate resources for teaching;
- ◆ Expansion of pre-K programs in states with low socioeconomic indicators, such as high rates of child poverty; and
- ◆ Significant reduction of student-teacher ratios in early grades in states with lower socioeconomic status.

Source: *Improving Student Achievement: What State NAEP Test Scores Tell Us* by David Grissmer, Ann Flanagan, Jennifer Kawata, and Stephanie Williamson. Rand Education. 2000.

**D**uring the 1980s, Arkansas aggressively moved to build an early education infrastructure to benefit young children from birth to age 4. Unfortunately, the state's investment in these program has not kept pace with the increasing need and demand. Just as demand for child care increases, research finds that long-term school success occurs with quality early childhood education. These interventions ensure the mastery of developmental benchmarks for children.

Head Start, a federal early childhood program for poor children, has proven successful for increasing a child's potential for academic success. Federal expenditures have helped increase participation in the Head Start program in Arkansas, but has not come close to enrolling the potential pool of eligible children.

Arkansas has a large unmet need for subsidized child care. Approximately 135,762 children in low-income working families (up to 156% of poverty) would benefit from subsidized care if it were available. In the average month, however, only 28,961 children receive subsidized full- or part-time care from state or federal programs, such as TEA, Arkansas Better Chance or Head Start. At these rates, only 21 percent of children have access to subsidized child care!

The real need, however, is even greater than the estimated 135,000 children waiting for child care. Most experts agree that subsi-



**Almost 10,000  
Arkansas children  
are enrolled  
in Head Start**

dized care should be available to low-income working families up to at least 185 percent of poverty. At this level, 180,600 children would benefit from care if it were available. Compare this to the current 28,961 children who receive subsidized care — only 16 percent of children who need care are getting it!

Arkansas Head Start		
	Funding	Enrollment
FY 1981	\$8,133,991	4,856
FY 1990	\$12,468,099	6,138
FY 2000	\$42,945,913	9,989
Source: Region VI Head Start Office, 1999.		

Arkansas' Pre-K Programs	
	Enrollment
Early Special Education Programs (1998)	7,257
Arkansas Better Chance (1998-99)	7,699
Even Start (1999-2000)	1,291

Arkansas' Need for Subsidized Child Care		
	150% of Poverty	185% of Poverty
Children Eligible	135,762	180,600
Children Served	28,961	28,961
% of Eligible Served	21	16
Source: Estimated by AACF, Fall 2000.		



**A** major concern of both parents and developmental researchers, including those who analyzed data for the Rand study, is the number of children in a given class or the number of students per teacher.

These numbers reveal the amount of individualized attention that children might receive in a day-to-day classroom setting. Individual instruction becomes more critical when children have greater learning differences or need for special instruction. In recent years, developmentally-appropriate education has emphasized smaller classes during the K-3 years and lower pupil-to-teacher ratios.

**Early elementary  
students need  
smaller class sizes  
in order to succeed.**

<b>Pupil-Teacher Ratio</b>		
	<b>Arkansas</b>	<b>U.S.</b>
<b>1993</b>	17.1	17.4
<b>1994</b>	17.1	17.3
<b>1995</b>	17.1	17.3
<b>1996</b>	17.1	17.1
<b>1997</b>	17.0	16.8
<b>1998</b>	16.2	16.5

Source: National Center for Education Statistics, Digest of Education Statistics, Table 67: "Teachers, enrollment, and pupil/teacher ratios in public elementary and secondary schools, by state: Fall 1993 to fall 1998."



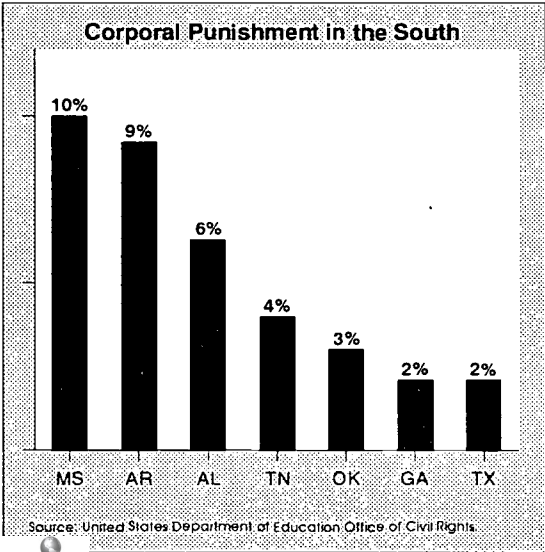
**Arkansas has the  
2nd highest percent  
of public school  
students who are  
paddled as a method  
of discipline.**

**T**he use of corporal punishment in the public schools of Arkansas is a hotly debated topic in a state that has a long history of support for the use of this harsh and ineffective method of discipline.

Arkansas ranks 2nd behind Mississippi for use of corporal punishment. According to the U.S. Department of Education Office of Civil Rights, 9.2 percent of Arkansas' elementary and secondary school students receive corporal punishment each year; in Mississippi, it's 10 percent. In fact, the states with the highest rates of corporal punishment are all in the South.

Twenty-seven states prohibit all corporal punishment in public schools.

The use of corporal punishment on public school children in Arkansas is too high. However, annual reports from the Arkansas Department of Education reveal that the total number of incidents of corporal punishment may be decreasing slightly. During the 1997-98 school year, 75,938 incidents of corporal punishment occurred. These incidents decreased to 62,215 during the 1998-99 school year. This data does not reveal the number of students involved in these incidents, so the actual rate of corporal punishment cannot be determined.



**Who's Getting Paddled in Arkansas Schools?**

Group	1997-98	1998-99
White Students	59%	60%
Non-white Students	41%	40%
Male Students	84%	83%
Female Students	16%	17%
Students in Special Education		47%
Students in General Education		53%

Source: Arkansas Department of Education, "Corporal Punishment Report by School District," 1997-98 (AR Code Ann. 6-18-501-ADE Form No. PLD-02-04-001 Revised 9/91).

**Corporal Punishment by Grade Level**

	# of Incidents	% of Total Incidents
Kindergarten	4,914	6.5
1st Grade	6,205	8
2nd Grade	5,662	7.5
3rd Grade	5,991	7.9
4th Grade	6,114	8
5th Grade	6,001	7.9
6th Grade	7,897	10.4
7th Grade	9,187	12.1
8th Grade	7,692	10.1
9th Grade	6,767	8.9
10th Grade	4,385	5.8
11th Grade	3,275	4.3
12th Grade	1,848	2.4%
TOTAL	75,938	100%

Source: Arkansas Department of Education, "Corporal Punishment Report by School District," 1997-98 (AR Code Ann. 6-18-501-ADE Form No. PLD-02-04-001 Revised 9/91).

**Used No Corporal Punishment  
1997-98**

Mountain Home School District, Baxter County  
 Eureka Springs School District, Carroll County  
 Lakeside School District, Chicot County  
 Fountain Lake School District, Garard County  
 Poyen School District, Grant County  
 North Little Rock School District, Pulaski County  
 Pulaski County School District  
 Fayetteville School District, Washington County  
 Winslow School District, Washington County

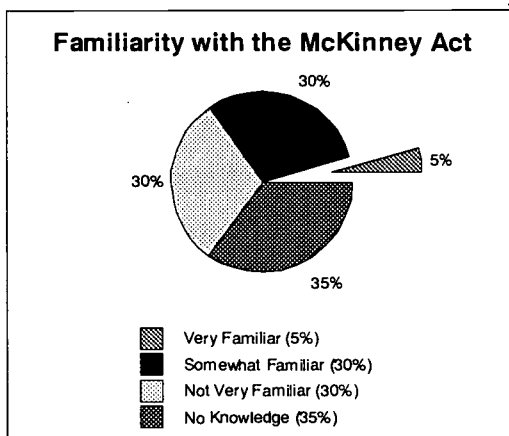
Source: Arkansas Department of Education



**Federal law requires  
that the state  
break down any  
barriers that may  
exist to educational  
opportunities for  
homeless children.**

**F**ederal law requires the public schools to identify and break down any barriers homeless children might have to education. The federal law, enacted in 1987 as the Stewart B. McKinney Act, allows states to receive federal money to comply with this mandate.

To measure the effectiveness of the McKinney Act in the state, Arkansas Advocates for Children & Families conducted a telephone survey of all the homeless and domestic violence shelters in the state. AACF wanted to know if these shelters or the families staying in these shelters were having trouble enrolling their children in the public schools. Children temporarily living at such shelters are considered by the state to be homeless. AACF found that a lack of awareness and appreciation by shelter and school officials of this federal law continues to generate significant barriers to homeless children seeking equal access to educational opportunities in their communities.





**Arkansas is making  
this state a better  
place for its children.**

**I**t is no secret that Arkansas struggles with ensuring the well-being of its children and their families. Many factors — such as economic development, low taxes, rural landscape and poverty — play against the state as it attempts to improve services and opportunities for children. However, the state is overcoming the barriers, and in small strides, making the state a better place for its children.

- ◆ Arkansas ranks 2nd nationally in the number of schools participating in the federal School Lunch and Breakfast programs, which means more children are eating nutritional meals throughout the day;
- ◆ 70,000 more children are covered by health insurance since the creation of ARKids First;
- ◆ State agencies are recognizing the importance of current and accurate data on children and are improving technology to collect and store such data;
- ◆ The General Assembly is recognizing the importance of teacher retention and training to the educational progress of students, and working to increase teachers' salaries;
- ◆ The state is currently considering an increase in funding to expand child care and early development facilities for children in working families;
- ◆ Arkansas' unemployment rate continues to fall; and
- ◆ The use of WIC by pregnant women is increasing, ensuring better nutrition for the mother and her unborn child.



County-by-County Rates of Health Indicators for Arkansas				
	Low Birth-weight Rate	Teen Fertility Rate	Infant Mortality Rate	Poverty Rate
ARKANSAS AR	10.9	81.2	7.2	18.9
ASHLEY AR	8.7	81.3	9	20
BAXTER AR	6.1	62.2	3.1	14.6
BENTON AR	6.3	72.5	8.9	10.1
BOONE AR	6.4	76	6.9	16.6
BRADLEY AR	8.5	78.9	7.1	21.4
CALHOUN AR	11.7	70.7	16.7	16.5
CARROLL AR	6.6	82.7	6.6	17.2
CHICOT AR	11.7	77.3	14.6	33.8
CLARK AR	8.7	42.5	7	18.9
CLAY AR	7.8	66.3	9.8	18
CLEBURNE AR	5.6	70.8	0	15.8
CLEVELAND AR	9	63.8	0	16.8
COLUMBIA AR	10.1	65	6	21.9
CONWAY AR	7.6	63.7	8	17.1
CRAIGHEAD AR	6.9	55.1	9.2	16.6
CRAWFORD AR	6.5	86.4	6.9	16.1
CRITTENDEN AR	11.9	102.1	13.6	24.9
CROSS AR	10.8	84.8	14.3	22.4
DALLAS AR	11	77.6	16.9	20.9
DESHA AR	10.4	110.2	8	27.5
DREW AR	8.9	74	11.6	19.9
FAULKNER AR	6.6	36.6	6.7	10.9
FRANKLIN AR	8.3	73.7	8.7	17.3
FULTON AR	6.7	75.5	8.4	25.2
GARLAND AR	9.1	78.8	7.2	16.3
GRANT AR	7.9	50	10.5	11.5
GREENE AR	7.2	72.7	8.7	14.9
HEMPSTEAD AR	9.7	94.2	12.1	21.4
HOT SPRING AR	7.9	70.7	10.8	16.9
HOWARD AR	6.1	81.1	5.1	18.6
INDEPENDENCE AR	8	70.8	7	16.7
IZARD AR	7.5	61.3	15	22.4
JACKSON AR	10.1	86.2	8.8	23.6
JEFFERSON AR	11.5	79.7	12.5	24.9

JOHNSON AR	6.8	71.4	3.6	19
LAFAYETTE AR	10	76.5	8.3	28.2
LAWRENCE AR	6.1	73.1	8.7	22.1
LEE AR	10.4	83	12.2	38
LINCOLN AR	6.9	73.8	6.3	27.9
LITTLE RIVER AR	9.9	84.1	11	18.2
LOGAN AR	8	82.5	3.5	18.4
LONOKE AR	7.7	60.5	10.8	12.3
MADISON AR	7.2	68.7	12	18.9
MARION AR	8.6	67.7	7.1	19.4
MILLER AR	9	87.9	10.2	21.3
MISSISSIPPI AR	10.8	131.7	10.9	23.5
MONROE AR	10.6	87.5	12.5	30.6
MONTGOMERY AR	5.3	50.5	0	21.3
NEVADA AR	11.8	62.3	16.8	19.7
NEWTON AR	7.6	75.7	10.9	25.2
OUACHITA AR	11.2	98	15.7	21.1
PERRY AR	6.7	74.2	8.4	15.3
PHILLIPS AR	9.6	138.3	11.2	37.5
PIKE AR	8.1	76.9	6.7	18.1
POINSETT AR	9.2	97.3	8.6	22.6
POLK AR	6.8	89.8	7.2	21.1
POPE AR	6.2	66.2	8.3	15.7
PRAIRIE AR	12.7	71.7	25.4	18.4
PULASKI AR	9.6	67.3	10	14.3
RANDOLPH AR	5.8	70.4	9.7	20.5
SALINE AR	7.4	44.5	7.4	9.6
SCOTT AR	8.5	70	7.7	22.4
SEARCY AR	9.4	75.6	11.8	27.4
SEBASTIAN AR	7.6	80.6	6.5	14.4
SEVIER AR	7.6	96.5	8.5	18.9
SHARP AR	7.9	67.5	6.1	21.2
ST. FRANCIS AR	10.6	117.4	10	30.5
STONE AR	7	85.8	8.7	23.2
UNION AR	8.3	83.8	7.8	18.7
VAN BUREN AR	8.6	62.5	13.2	20.1
WASHINGTON AR	6.7	61.2	8.1	13.5
WHITE AR	7.3	55.9	10.6	17.4
WOODRUFF AR	8.3	94.8	8.3	30.9
YELL AR	8	94.5	7	16.8



March 2001

*"Life affords no greater responsibility, no greater privilege than raising the next generation."*

C. Everett Koop

**The Next Generation** is a publication of Arkansas Advocates for Children & Families under the Kids Count project, a national initiative funded by the Annie E. Casey Foundation to put the needs of children at the top of the political agenda.

**Arkansas Advocates for Children & Families** is a non-profit, non-partisan, child advocacy organization founded in 1977. We research, educate, debate, dialogue, compromise and rethink children's issues to create sounder public policies for Arkansas' children and their families.

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## Visit us on the Web ...

Arkansas Advocates, like many other non-profits, collects huge amounts of much needed, often not-readily-available information. The Internet is the best way for the public to access this very important information about our state's children.

At [www.aradvocates.org](http://www.aradvocates.org), get connected — quickly and easily — to vast amounts of research; valuable facts and figures; the newest publications and the latest resources; and critical state legislative information affecting Arkansas' children. Link to other state and national Web sites packed with information and tools.



### PROJECTS

See the Arkansas Kids Count section for information about our premiere project. Find the most current data and latest publications, and up-to-date news from the Kids Count Coalition.

### ARKids First

AACF's greatest achievement, ARKids First is the state's newest health insurance program for children. Visit here to learn more about ARKids First, our outreach activities, and the national Covering Kids initiative to enroll low-income children in a health insurance program.



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